

GENERAL CONTRACTOR'S LICENSE APPLICATION

1. Type Of Ownership: ____Individual ____Partnership ____Corporation ____Club
____Other (please describe)_____
2. State Sales Tax I.D.(if applicable):_____
3. Owner Name: _____
Address: _____
4. Trade Name (DBA): _____
5. Location of Business: _____
Street Address City State Zip
6. Mailing Address: _____
Street Address City State Zip
7. Phone No. _____ Fax No. _____
8. What is your main business? _____
9. Business: Class A (General) ____ Class B(1) (Electrical/Plumbing)____ Class B(2) (HVAC)____
Class C (irrigation/roof/siding/drywall/paver/painter) ____ Class D(1) Mason,fence,excavate)____
Class E(2) (Signs/glaziers)____ Class D(3) (Handy Man – labor under \$500)____
10. Number of Employees: _____ Full Time _____ Part Time

I declare under penalty of perjury in the second degree that the statements made in this questionnaire are true and complete to the best of my knowledge.

Authorized Signature: _____ Date: _____

Please attach a copy of your certificate of insurance – Coverages: Public Liability \$100,000 occurrence, \$300,000 aggregate; Auto Liability \$100,000 each person, \$300,000 each accident ; Workers Compensation – in accordance with state laws.

If NO employees (no reason to carry workers compensation policy), please sign below.

Signature: _____ Date: _____

Insurance Company: _____

Name of Agent: _____ Phone: _____

For Office Use Only:

License Classification: _____ Fee: _____ Method of Payment: _____

Public Liability ____; Auto Liability ____; Workers Compensation ____Yes ____ No